

APPLICATION FOR OUT OF STATE LICENSURE
EMBALMERS AND/OR FUNERAL DIRECTORS
STATE OF ARKANSAS

\$150 EMB _____

\$150 FD _____

NAME _____ SSN _____
Print or type

I REQUEST OUT OF STATE LICENSURE FOR EMBALMER _____ FUN. DIRECTOR _____
Check one or both

DATE OF BIRTH _____ PLACE _____
Month Day year City State

CURRENT ADDRESS _____
Street City State Zip

PHONE _____

US CITIZEN _____ NATURALIZED _____ if so DATE _____

HIGH SCHOOL GRAD/GED. _____ DATE _____
City State

COLLEGE OR UNIVERSITY _____
School Years Attended

GRADUATED SCHOOL OF EMBALMING _____
School Date

I CURRENTLY HOLD:
EMBALMERS LICENSE NO. _____ STATE OF _____ DATE _____

FUNERAL DIR. LICENSE NO _____ STATE OF _____ DATE _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY _____ IF SO EXPLAIN
Attach Explanation

HAVE YOU PREVIOUSLY RESIDED IN ARKANSAS _____ DATES _____

I OWN _____ AM EMPLOYED BY _____ NAME OF FUNERAL HOME _____

_____ CITY & STATE _____

ARKANSAS STATE BOARD OF EMBALMERS & FUNERAL DIRECTORS
101 E. CAPITOL, SUITE 113
LITTLE ROCK, AR 72201

I promise and agree that if this application is accepted and I should be granted a license/s to practice Embalming/Funeral Directing in the State of Arkansas I will conduct myself in a professional manner, maintaining the honor and integrity of Funeral Service; and that I will obey all Laws, Rules and Regulations of the State of Arkansas. Additionally, I understand that If I have made any false statements in the above application, the Board may consider suspension or revocation.

SIGNATURE_____

Street City State

THIS _____ DAY OF _____ 19 _____

STATE OF _____

COUNTY OF _____

NOTE: YOUR SIGNATURE ON THIS APPLICATION
AUTHORIZES THIS BOARD TO CONDUCT A BACK
GROUND INVESTIGATION ON YOU TO INCLUDE,
BUT NOT LIMITED TO, INQUIRIES FROM
APPROPRIATE LAW ENFORCEMENT AGENCIES

NAME _____ THE ABOVE NAMED PERSON, PERSONALLY KNOWN TO ME,
SIGNED THE APPLICATION IN MY PRESENCE AN BEING DULY SWORN HE STATES THAT HE HAS READ THE
ABOVE APPLICATION AND THAT THE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE
AND BELIEF.

_____ NOTARY PUBLIC, COMISSION EXPIRATION _____

RULE V111-LICENSE REQUIREMENTS FOR OUT OF STATE LICENSURE

ANY PERSON HOLDING A VALID, UNREVOKED AND UNEXPIRED LICENSE AS AN EMBALMER AND OR FUNERAL DIRECTOR IN ANOTHER STATE, U.S. TERRITORY, OR PROVINCIAL AUTHORITY, MAY APPLY FOR A LICENSE TO PRACTICE IN THIS STATE AS AN EMBALMER OR FUNERAL DIRECTOR, OR BOTH. APPLICATION SHALL BE MADE BY FILING WITH THE SECRETARY-TREASURER OF THE BOARD A CERTIFIED STATEMENT FROM THE SECRETARY OF THE EXAMINING BOARD OF THE STATE, U.S. TERRITORY OR PROVINCIAL AUTHORITY IN WHICH THE APPLICANT HOLDS HIS OR HER LICENSE SHOWING THE BASIS UPON WHICH THE LICENSE WAS ISSUED. UPON RECEIPT OF THE APPLICATION, THE SECRETARY OF THE BOARD MAY ISSUE TEMPORARY WORKING NUMBERS, WHICH ARE VALID FOR ONE YEAR FROM THE DATE OF ISSUANCE. TO OBTAIN A LICENSE, THE APPLICANT SHALL PASS AN EXAM TO PROVE HIS OR HER PROFICIENCY, INCLUDING AT LEAST, BUT NOT LIMITED TO, KNOWLEDGE OF THE LAWS, RULES AND REGULATIONS OF THIS STATE PERTAINING TO FUNERAL SERVICE. THE *EXAM MAY BE TAKEN AT ONE OF THE REGULARLY SCHEDULED EXAM SESSIONS SET BY THE BOARD. IF THE BOARD IS SATISFIED WITH THE PROFICIENCY OF THE APPLICANT, UPON RECEIPT OF THE PRESCRIBED FEES IN 17-29-208, A LICENSE MAY BE GRANTED. FAILURE TO MEET THE TESTING REQUIREMENT SHALL RESULT IN THE REVOCATION OF THE TEMPORARY WORKING NUMBERS AND THE APPLICANT MUST REAPPLY AND PAY THE APPROPRIATE FEES.

- THE BOARD ADMINISTERS EXAMS TWICE A YEAR, IN APRIL AND OCTOBER

RECOMMENDATION

I, the undersigned licensed embalmer_____funeral director_____, hereby certify that I have been
Personally acquainted with_____

Of_____for _____years, and that I know him/her to be
A Person of good moral character and worthy of favorable recognition by the Arkansas State Board of
Embalmers and Funeral Directors, and I further certify that _____

Is qualified to receive a license as an Embalmer/Funeral Director in the Sate of Arkansas.

Embalmer #_____ Funeral Dir. #_____

Print name

Signature

Street

City

State

Zip

I, the undersigned licensed embalmer_____funeral director_____hereby certify that I have been
Personally acquainted with_____

Of_____for _____years, and that I know him/her to be a
Person of good moral character and worthy of favorable recognition by the Arkansas State Board of
Embalmers and Funeral Directors, and I further certify that _____

Is qualified to receive a license as an Embalmer./Funeral Director in the State of Arkansas.

Embalmer #_____ Funeral Dir. #_____

Print Name

Signature

Street

City

State

Zip

Month _____day _____19_____

NOTE: This above recommendation must in all cases be filled out and signed. The embalmers/funeral directors should, where possible, be licensed in Arkansas.

CERTIFICATE OF STATE ENDORSEMENT

I, _____ Secretary of _____

State Board of _____ hereby certify that

_____ was granted Embalmers # _____

on the _____ day of _____ 19 _____ and Funeral Directors # _____ on the _____

day of _____ 19 _____, upon examination by the Board on the required subjects.

Examination Scores: National Conference _____ State Embalmers _____

State Funeral Directors _____ Other _____

I further certify that _____ licenses are current, in good standing and that

According to the files in this office, said applicant's licenses have not been revoked or suspended.

REMARKS IF ANY:

Witness my hand and seal of said Board

Seal

Secretary of the _____

Board of _____

Address _____

Month _____ Day _____ Year _____

THIS SECTION MUST BE COMPLETED AND RETURNED DIRECTLY TO:

ARKANSAS STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS
101 EAST CAPITOL, SUITE 113
LITTLE ROCK, AR 72201
501-682-0574
FAX-501-682-0575